



DEPARTMENT OF JUSTICE ~ STATE OF DELAWARE
Victim Loss & Restitution Statement



THE FOLLOWING INFORMATION CONTAINED IN THIS COVER SHEET IS CONFIDENTIAL. IT MAY NOT BE RELEASED WITHOUT PERMISSION OF THE VICTIM, THE DEPARTMENT OF JUSTICE, OR THE COURT.

Case Information

Victim's Name: _____ Defendant's Name: _____
Address: _____ Case Number: _____
City: _____ Date of Offense: _____
State & Zip: _____
Date of Birth: _____ Work Phone: _____
Home Phone: _____ Cell Phone: _____

Secondary Contact Information (please complete)

Contact's Name: _____ Telephone: _____
Address: _____
City: _____ State: _____ Zip: _____

I DECLARE THAT MY LOSS AS REPRESENTED IN THE ATTACHED IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND I UNDERSTAND THAT ANY FRAUDULENT CLAIM MAY SUBJECT ME TO CRIMINAL PENALTIES. I ALSO UNDERSTAND THAT THE COURT **MAY NOT** AWARD RESTITUTION FOR EVERYTHING INCLUDED IN THE ATTACHED STATEMENT.

THIS STATEMENT MUST BE RETURNED AS SOON AS POSSIBLE BUT NO LATER THAN 2 WEEKS AFTER RECEIPT. FAILURE TO DO SO MAY RESULT IN NO RESTITUTION BEING ORDERED BY THE COURT.

Victim's Signature or Parent/Guardian's if Victim is under age 18

Date

Victim's Name (please print)

Social Security Number of Victim or
Parent/Guardian's if Victim is under 18

Social Security Number Disclosure Statement

Disclosure of your social security number is required so that each individual who is claiming restitution may be identified accurately. This disclosure is required pursuant to the State of Delaware Accounting Manual and 5 U.S.C. §552(a). The disclosure of your social security number is voluntary at this time. However, it is mandatory and will be required prior to you receiving any check. The State of Delaware may not issue a check without receiving your social security number. Therefore, should you choose not to provide it at this time, you must provide it at a later date to receive a check. Your social security number is necessary for accounting and tax reporting purposes, as required by State and Federal law. Your social security number as set forth on this form will be part of the record maintained by the Court and any criminal justice agency involved in the criminal justice process, as well as any accountin or other State agency necessary to process the payment of any restitution.

YOU MUST ATTACH COPIES (NOT ORIGINALS) OF ALL BILLS, RECEIPTS, ESTIMATES OR OTHER VERIFICATION OF LOSSES.

Return to: **New Castle County Cases**
Department of Justice
Victim Witness Unit
820 N. French St., 7th Floor
Wilmington, DE 19801

Kent County Cases
Department of Justice
Victim Witness Unit
102 W. Water St.
Dover, DE 19904

Sussex County Cases
Department of Justice
Victim Witness Unit
114 E. Market St.
Georgetown, DE 19947



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Defendant's Name: _____

Victim's Name: _____

Case Number: _____

A) Property/Monetary Loss ~ personal items damaged or stolen (If not applicable, skip to B)

Description of Stolen or Damaged Property	Purchase Date and Price	Market Value Actual value of property at the time of the crime	Replacement Value Use <u>only</u> if Market Value cannot be determined	Was it recovered or repaired?

1. Was the property insured? Yes ☐ No ☐

2. Have you submitted a claim to your insurance company? Yes ☐ No ☐

3. Insurance Information:

a. Policy number: _____

b. Claim number: _____

c. Insurance company: _____

d. Claims adjuster/agent: _____

e. Telephone number: _____

4. Please state your insurance deductible, if any: \$ _____

5. State the amount paid by insurance: \$ _____



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6. Did this crime involve theft from your
bank account or credit card? (if **NO**, skip to #8) Yes ☐ No ☐

7. If **YES**, please provide:

a. Name & Address of your bank or credit card company: _____

b. Local contact person: _____

c. Account #: _____

d. Amount covered by bank or credit card company: \$ _____

8. Amount of restitution requested for property/monetary loss: \$ _____

B) Personal Injury (including emotional or mental trauma) (If not applicable, skip to C)

Please describe injury: _____

1. Was medical attention received? Yes ☐ No ☐

2. Did you seek professional counseling for any
emotional effects from the crime? Yes ☐ No ☐

3. Health Care insurance information:

a. Policy number: _____

b. Insurance company: _____

c. Address of company.: _____

4. Were your expenses covered by insurance? Yes ☐ No ☐

5. If yes, amount paid by insurance? \$ _____

6. Amount not covered by insurance, including co-payments? \$ _____



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7. Have you filed a claim with the *Violent Crimes Compensation Board*? Yes ☐ No ☐

(If you sustained personal injury (physical or emotional) you *may be* eligible for assistance from the Violent Crimes Compensation Board, call 302-995-8383 for more information.)

8. If yes, were you compensated for any losses? Yes ☐ No ☐

9. If yes, please state for *what* and *the amount*: _____

C) Other Related Expenses ~ expenses you may have incurred, not previously covered on the form
(*lost wages, costs associated with court appearance, etc.*)

Expenses/Loss Incurred:

Value of Expense/Loss:

_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____

